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MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

## STANDARD CERTIFICATE OF DEATH

## Arizona State Board of Health

Dr. Kent,  
BUREAU OF VITAL STATISTICSState File No. 1236  
Registered No. 124

1. PLACE OF DEATH Maricopa State ARIZONA  
County Maricopa or Village Maricopa  
Township Mesa No. South Side Dist. Hospital Ward South Side Dist. Hospital  
City Mesa (If death occurred in a hospital or institution, give its NAME instead of street and number)  
Length of residence in city or town where death occurred 1 yrs. 1 mos. 1 ds. How long in U. S. if foreign birth? 1 yrs. 1 mos. 1 ds.  
2. FULL NAME Infant son of Dewey W. Sabin How long in State when death occurred? 1 yrs. 1 mos. 1 ds.  
(a) Residence: No. 38 South Poweroy St., Mesa (If non-resident give city or town and State)  
(Usual place of abode)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WID-  
OWED, or DIVORCED, (Write the word) Single  
5a. If married, widowed, or divorced  
HUSBAND of  
(or) WIFE of  
6. DATE OF BIRTH (month, day, and year) August 24, 1956  
7. AGE Years Months Days If LESS than  
1 day, 8 hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.  
10. Date deceased last worked at this occupation (month and year)  
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Mesa (state or country) Arizona

13. NAME Dewey W. Sabin

14. BIRTHPLACE (city or town) P Benson (State or country) Arizona

15. MAIDEN NAME Donetta Shumway

16. BIRTHPLACE (city or town) Snowflake (State or country) Arizona

17. INFORMANT Dewey W. Sabin (Address) Mesa, Arizona

18. BURIAL, CREMATION, OR REMOVAL Burial  
Place Mesa Cemetery Date Aug. 24, 1956

19. UNDERTAKER Melirum Mortuary (Address) Mesa, Arizona

20. Filed 8-31-56 P. J. Scher

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) August 24, 1956  
22. I HEREBY CERTIFY, That I attended deceased from 1956 to 1956

I last saw him alive on 1956; death is said to have occurred on the date stated above, at 9:00 a.m.

The principal cause of death and related causes of importance were as follows:  
premature

Other contributory causes of importance:

Name of operation None Date of None

What test confirmed diagnosis? None Was there an autopsy? None

23. If death was due to external causes (violence) fill in also the following:  
Accident, suicide, or homicide? None Date of injury None, 1956

Where did injury occur? None (Specify city or town, county and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury None

Nature of injury None

24. Was disease or injury in any way related to occupation of deceased? None

If so, specify None, M. D.

(Signed) P. J. Scher

(Address) Mesa, Arizona

Back of Certificate to be used for any Additional Information